

Doc Code:

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# FEE TRANSMITTAL for FY 2006

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)  
**\$1,700.00****Complete if Known**

Application Number	10/647,501
Filing Date	08/25/2003
First Named Inventor	C. Allenspach
Examiner Name	Ernst V. Arnold
Art Unit	
Attorney Docket No.	

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Deposit Account Number: 16-1445 Deposit Account Name: Pfizer

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

	Multiple Dependent Claims
Fee (\$)	Fee Paid (\$)

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	\$50.00	= \$0.00

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 3 or HP =	x	\$200.00	= \$0.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	0	/ 50 0 (round up to a whole)	x \$250.00	= \$0.00

**4. OTHER FEE(S)**

Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension &amp; RCE

\$1,700.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	43,864	Telephone	314-274-9094
Name (Print/Type)	Philip B. Polster, II		Date	10/16/2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**Applicant(s): **C. Allenspach**

Docket No.

**PC27523**

Serial No.

**10/647,501**

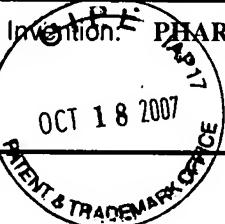
Filing Date

**08/25/2003**

Examiner

**Ernst V. Arnold**

Group Art Unit

**1616**Invention: **PHARMACEUTICAL COMPOSITION EXHIBITING CONSISTENT DRUG RELEASE PROFILE**

I hereby certify that this **Response to O.A., Fee Transmittal, Pet. for Ext. of Time, RCE transmittal**  
(Identify type of correspondence)

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